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SUMMARY RECORD OF THE 438th MEETING

Held at the Palais des Nations, Geneva,
on Tuesday, 13 January 1998, at 10 a.m.

Chairperson: Miss MASON

CONTENTS

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Initial report of Ireland (continued)

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GE.98-15057 (E)

The meeting was called to order at 10 a.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Initial report of Ireland (CRC/C/11/Add.12; HRI/CORE/1/Add.15; CRC/C/Q/IRE/1) (continued)

1. At the invitation of the Chairperson, Ms. O'Donnell and the other members of the delegation of Ireland took places at the Committee table.

2. The CHAIRPERSON invited the Irish delegation to reply to the questions asked at the previous meeting.

3. Mr. MURRAY (Ireland) said that it was an offence for a man to have sexual relations with a woman under the age of 17 to whom he was not married. The Government was removing the statutory basis permitting parents to chastise children to a reasonable extent, a measure which would not affect the relevant common-law provision. The latter provision did not, however, give parents the authority to abuse or assault their children.

4. The National Juvenile Liaison Office, which was run by the police, coordinated and monitored all matters pertaining to children in conflict with the law. Of those children under the age of 18 who had committed offences in 1996, about 2,700 had been brought before the courts, about 6,500 had been admitted to the Diversion Programme and no action had been taken against a significant number of others. About 500 children under the age of 10 and 1,000 children aged 10 and 11 had been referred to the Liaison Office. Since intervention by the Health Boards in cases involving young children would require an intensive, family-based approach, it was currently too costly to undertake.

5. Persons sentenced to prison terms for the commission of sexual offences benefited from two treatment approaches: there was, first, a group treatment programme, the purpose of which was to force offenders to confront their behaviour and, secondly, a one-to-one therapeutic programme conducted by professional counsellors from the probation and welfare service and the prison clinical psychology service. Incidentally, imprisoned offenders also benefited from programmes dealing with anger-management and alternatives to violence.

6. Mr. KILROY (Ireland) said that the policy of the Department of Education was to integrate Traveller children into mainstream education at both the first and second levels, and a range of services had been devised to achieve that end. The Department had almost 300 special support resource teachers whose task was to handle the particular needs of Traveller children, a visiting teacher service, consisting of 20 teachers, and a set of Junior Traveller Training Centres to address the needs of children between the ages of 12 and 15. The Task Force on the Travelling Community had taken the view that the visiting teacher service was of key importance because it involved Traveller parents in the education of their children.

7. A number of cases had come before the High Court which related to the placement of children with special needs, and which had arisen primarily from

efforts to expand the traditional parameters of the educational services. The Ministry of Education was conducting a major review of special services. Lack of resources was very often not the problem but, rather, the lack of the necessary flexibility to respond to the special needs of individual children.

8. The new Education Bill provided for the creation of student councils, and established that principals should consult students on the development of school objectives, with due regard for the age and experience of the children concerned. Under the Social, Personal and Health Education Programme, human rights education had been integrated into school curricula. In addition, a major training programme for teachers and school managers, to be held in 1998, would emphasize the principles of the Convention. There were no barriers to the participation of women in education and, in fact, Ireland had a greater proportion of women in the educational profession than most European countries.

9. Problems did, of course, arise in the provision of services to children with special needs, especially where there were few such children in a given area. The designated schools provided special services both to children in the schools themselves and to those in other schools, but that did not mean that support services were not provided to the other schools as well. Remedial services, for example, were currently offered in 90 per cent of all schools, and would eventually be provided in all schools. An important measure was the Home School Community Liaison Service, which involved parents in their children's education and in school matters. Studies had shown that the education of parents was a crucial factor in the educational prospects of their children. Under the Constitution, parents were entitled to educate their children at home, but that practice was rare and subject to inspection by the Ministry of Education.

10. Ms. O'DONNELL (Ireland) said that guidelines for combating bullying had been introduced in all Irish schools. The Stay Safe programme, created for primary schools, taught simple strategies for dealing with potentially dangerous situations, which children acted out in the classroom. Parent-education programmes were provided in 84 per cent of Irish schools; 99 per cent of the schools took part in in-service training programmes; 250,000 parents had received relevant educational booklets, and 80 per cent of the schools were participating in the Stay Safe programme.

11. The Government had decided to incorporate sexual education into school curricula so as to reduce the incidence of teenage pregnancy and to promote a healthy integration of sexuality into personal life, a measure which had sparked off considerable debate. Such programmes focused on self-esteem, interpersonal skills, sexuality and relationships, as well as on broader health questions.

12. Ms. SPILLANE (Ireland) said that, although there were 13 children receiving special treatment in Northern Ireland, the facilities in question were just across the border and quite close to their homes; they were receiving a high level of care. The Government assisted parents to visit their children in residential care, and the staffs of the relevant facilities kept in close touch. Some of the children concerned tended to run away from

residential programmes; the special care units soon to open in Dublin would thus provide a high level of security. Efforts were being made to develop services to provide care in Ireland for all children with special needs.

13. Mrs. SARDENBERG said she was pleased to learn that human rights and children's rights were being incorporated into school curricula. In 1999, the Convention would be 10 years old and the Government might consider making that anniversary the occasion for disseminating it. The Education Bill, which provided for the creation of student councils, was an important means of implementing article 12; the authorities should consider other means of providing for the active participation of children. All of those measures were, in her view, long overdue.

14. Several questions came to mind. First of all, she failed to comprehend the reason for the system of informal suspensions of children from school, which deprived children of their right to education without any formal justification. Secondly, she wished to know whether the constitutional amendment assigning a domestic role to women had been revised to provide for shared parental responsibility and, thirdly, she asked what steps had been taken to combat begging by Traveller children.

15. Mr. FULCI asked what measures had been envisaged or enacted to combat the high rate of alcohol abuse by Irish children, to reduce the high infant mortality rate among Travellers, and to end the social ostracism and segregation of Travellers.

16. Mrs. OUEDRAOGO said studies had shown that it cost less to keep a child at home than to institutionalize him. Home care thus provided a double advantage: it was preferable for the affective development of the child, and more cost-effective.

17. She was concerned to find that the Irish educational system did not provide for pre-school education, a vital phase in a child's development. Furthermore, although the recommended age for enrolment in primary school was 6, paragraph 465 of the report indicated that 54 per cent of children aged four and 99 per cent of children aged five attended primary school. Early school enrolment had been shown to cause intellectual fatigue and she wondered whether there was any relation between that practice and the high drop-out and absenteeism rates. The Irish Government should consider providing pre-school education for children between the ages of two and five, and abiding by the recommended age for primary-school enrolment.

18. It would be useful to know what was meant, in paragraph 466, by smaller schools and why it had been decided, in such schools, to assign several classes to one teacher. What phenomenon had inspired the circular entitled "Time in School", which set out the number of teaching hours a pupil should receive per day? Since there were no official year-end examinations, it would be useful to know on what basis some pupils were held back.

19. Furthermore, when a pupil was subject to administrative review, she would like to know whether he or she had access to the findings of that review and the right to express views thereon before the class council, and whether representatives of his or her class participated in the review. What was the

role of the resident coordinator, how was he appointed, and why were there resident coordinators only in primary schools and in certain disadvantaged areas?

20. Since State allocations for schools were supplemented by local resources, thus causing some schools to be better equipped than others, the Government should describe what steps it was taking to redress those inequities. It would be useful to know what steps the Government had taken with regard to those school teachers who had refused to teach sex education, whether they were permitted to keep their posts, and, if so, how the sex-education curricula was taught.

21. She was also concerned that the highly competitive University-entry conditions in Ireland placed undue psychological stress on secondary pupils. How was the problem of youth unemployment being addressed, since it probably contributed to children's disillusionment with the educational system?

22. Finally, she would like to know whether the social services inspectorate would take proper account of variations in health-care access from region to region. If, as one study had found, 11 per cent of families with children in the city of Dublin did not have a family doctor, she would like to know what the situation was in sparsely populated rural areas.

23. Mrs. PALME requested disaggregated data on drop-out rates at primary and secondary level for Traveller and settled children. According to 1995 figures, one in five school leavers had no certificate at all and one in three children in working-class areas left school without the Junior Certificate. Was there any system in place to provide extra support for such children for the duration of their "school careers"? Throughout the world, the gap between rich and poor was widening and it was necessary to focus on educational provision for the poorer sectors of society, lest whole generations be "lost".

24. Ireland reportedly had problems accommodating the service needs of children with disabilities, in spite of its excellent database on disability. The need to adapt buildings and roads to the needs of disabled children did not, for instance, appear to be covered by legislation. The Equal Status Bill would have had a positive impact on the situation of disabled children but, since it had been judged unconstitutional, she would like to know what further measures were envisaged by the Government.

25. In view of the importance of breastfeeding to the child's health and relationship with its mother, she wondered why there was such resistance to the practice in Ireland, with only 32 per cent of mothers breastfeeding from the outset, and only 12 per cent continuing after three months. In her own country, Sweden, the "baby-friendly" hospital initiative was universally accepted at delivery clinics, thanks to a hard-fought campaign led by the United Nations Children's Fund (UNICEF).

26. Since the number of refugee children in Ireland was so low, she failed to see why they posed such a problem. What steps were being taken to ensure that such children received a proper education and to combat racist attitudes?

27. Mr. KOLOSOV said that, in view of the Government's recognition that certain children in Ireland required special protection, he would like to know which remedies had proved most effective.

28. The Committee would welcome detailed data concerning court cases involving children. If the Department of Social Security and the courts were not always effective, he wondered why the Government had postponed establishing of an Ombudsman to monitor implementation of the Covenant. Such an institution had, after all, proved most effective in the Nordic countries. Would the social services inspectorate, which the Government intended to establish instead, prove to be a truly independent body, or yet another administrative structure?

29. On the subject of a child's right to contacts with its parents, what was being done to ensure that the biological father's name was always entered on a child's birth certificate and to ensure respect for a child's right to maintain contact with its father even after divorce proceedings? Children had the right to enjoy the guardianship of both parents, including regular and ongoing contact with both mother and father and also their extended families. Despite Ireland's high level of cultural development, that very urgent issue had yet to be resolved.

30. Mrs. KARP asked how the Government intended to implement the recommendations of the Campaign for Alternative Measures of Education which sought to prohibit corporal punishment in the home.

31. Did children have access to school counselling services and, if so, what provisions were made for those adolescents not in education? Also, did children under 16 have access to counselling services even in the absence of parental consent?

32. Like Mrs. Sardenberg, she would like to know whether the child's view was taken systematically into account in cases of expulsion or other disciplinary procedures. The report indicated only that the opinions of the parents were sought.

33. Ireland appeared to be making great efforts to cater for disabled children and to facilitate their participation in society, but she wondered whether it possessed a national strategy for coordination with non-governmental organizations (NGOs), given their important contribution to the provision of care. What was the Government doing to reduce waiting lists for care services and to facilitate the inclusion of disabled children in regular schools? Did resource allocation depend on the policies of individual Health Boards, or on nationally implemented guidelines?

34. In the field of juvenile justice, the Committee was seeking to determine whether Government policy was rights-based or dependent on financial resources. The issue of increasing the age of criminal responsibility, for example, was clearly related to the provision of adequate funding for care. Although the new Children's Bill had introduced the idea of family mediation in the context of juvenile justice, it appeared to be limited to the allocation of responsibility. Why were more resources not being allocated to prevention measures, which would involve working with the family at an earlier

stage in the context of the care system? Why were the most severe cases involving children being referred to regular courts, when they would be more sensitively dealt with in special courts? Did judges dealing with children's cases receive specialized training in child psychology and behaviour, or were they merely ordinary judges given authority over children?

35. Concerning the definition of sexual offences against children, she would like to know whether male children were equally protected under Irish legislation and whether the problem of male child prostitution was being addressed. Were children protected from prostitution up to the age of 18, or only up to the age of sexual consent? Were the clients of prostitutes criminalized?

36. Mrs. MOKHUANE welcomed the Government's health-promotion initiatives, but was concerned at the resistance to breastfeeding. Had any studies been carried out in Ireland on breastfeeding as a measure of maternal-child bonding?

37. The report did not mention what teenagers themselves thought of health-education initiatives, such as the programmes on teenage pregnancy, alcohol or substance abuse. Had the Government introduced any stop-smoking programmes and what were its policies on addictive behaviour in general? Were there any national programmes, for example, to tackle substance abuse? The current approach to the issue appeared to be fragmented.

38. Regarding HIV-positive children and those with AIDS, what educational facilities were provided? If such children attended regular schools, how were the resulting problems tackled?

39. From the report, the focus of Government policy on mental health seemed to be on residential care rather than on community treatment. In view of the right of the child to remain with its family, fewer children would have to be treated far from home or outside the country if services were located in the community.

40. The current situation regarding primary education in Ireland appeared to be discriminatory. It was a matter of concern that primary education was not State-funded, given that it should be equally accessible to all. If private schools not under the jurisdiction of the Ministry of Education were not systematically supervised, how were the rights of pupils properly protected?

41. Mrs. PALME pointed out that, in 1996, the United Kingdom had made the organization of sexual-tourism trips a major criminal act which carried an eight-year sentence. The Irish Government's written replies indicated that it was an offence to arrange transportation for child-sex tourism or to publish information on the subject, but had failed to elaborate further.

42. Mrs. KARP was concerned that the opinion of a child being considered for admittance to a mental hospital was not taken into account, and that only the parents had a say in the matter. Furthermore, the age at which the person's own opinion was taken into account had recently been raised from 16 to 18 years. The need for sensitivity was all the greater in the case of children, since a record of admittance to a mental institution affect a

child's entire future. Did parents have access to any alternatives, and what was being done to ensure that children were admitted to mental hospitals only as a last resort?

43. The CHAIRPERSON asked whether any research had been carried out on the effect of the hostilities in Northern Ireland on children in the rest of Ireland. Did peace education form part of the school curriculum, particularly in schools close to the border? What provisions were made for counselling children suffering from trauma as a result of the hostilities?

44. On the subject of refugees, she would like to know whether the delay in fully promulgating the Refugee Act, together with the absence of any domestic regime for refugee applications, was causing problems for the children of asylum seekers. Since there was evidence in the report of racism and xenophobia in Irish society, she asked what was being done to address that alarming phenomenon.

45. With regard to sexual exploitation, it would be interesting to hear whether any agency in Ireland focused on the needs of sexually abused children, such as those in prostitution, and whether Gardaí received special training to deal with such matters. Children in prostitution cases often felt harassed by the police, and did not always consider the relevant services to be sufficiently supportive. Given the high degree of recidivism among paedophiliacs, what supervisory and other measures were being implemented by the Government to protect children? The Committee would also appreciate details of the number of cases of sexual abuse in Ireland, and any other research findings available.

46. Ms. O'DONNELL (Ireland) said that a national age card scheme was being prepared to reinforce the existing legislation on under-age drinking, whereby, if a child was in possession of or consumed alcohol, an offence was committed by someone, whether the seller or the purchaser. A National Alcohol Policy, emphasizing moderation in alcohol consumption, had been launched in September 1996, calling upon the various government departments to implement initiatives and also exhorting the non-statutory sector to play its part in ensuring a comprehensive policy.

47. The 1994 health strategy "Shaping a Healthier Future" had recognized the scope for improving the health status of the Travelling Community. There had been a number of initiatives to increase take-up of the full range of health services. Since 1988, the Eastern Health Board had been operating a mobile clinic in the Dublin area and targeting Traveller children for services such as immunization. Health clinics had also been organized on Traveller halting sites. By far the most successful initiative to date, however, had been the same Board's Primary Health Care for Travellers Project under which Traveller women were trained in the promotion of health and the provision of various community-based health services.

48. On anti-discrimination legislation, the two equality bills referred to in paragraph 91 of the initial report (CRC/C/11/Add.12) had recently been referred to the Supreme Court by the President and found to be unconstitutional. Following the Supreme Court decisions, the Government had decided to redraft both bills and resubmit them to the Dáil for enactment.

49. The problem of begging children affected mainly Dublin and the children concerned came from a small number of Traveller families which were well known to the authorities. Under Irish legislation, it was an offence either to beg or to cause a person to beg. In practice, however, enforcement difficulties arose once children had been arrested for begging. When notified, the parents sometimes failed to collect their children or maintained that the children were begging without their knowledge; while the children consistently gave false names or failed to appear in court.

50. The Law Reform Commission had recommended that the offence should be retained but that the presumption should be amended so that the onus would be on the parents to show that they had not sent the child out to beg. The Children Bill, 1996, also proposed changes in the law in that area. New legislation could not provide a complete solution, however, for begging by children was part of a wider social problem and only a minority of the children of Traveller families were involved in begging. An NGO programme had recently been launched to assist the children engaged in begging, under which outreach workers encouraged the children to avail themselves of the services available. NGOs and the Health Boards were working together to try to improve the situation.

51. On the role of women in the home, article 41.2 of the Constitution recognized that, by her life within the home, woman gave to the State a support without which the common good could not be achieved. Some of the concepts set forth in the Constitution - which had been drafted in 1937 - were thought to be out of date but it was also felt that that principle, while in need of modernization, should be retained. The Constitutional Review Group considered it important that there should be constitutional recognition of the significant contribution made to society by the large number of people - not just women - who provided a caring function within their homes for children, elderly relatives and others. It thus favoured the retention of article 41.2 in a revised, gender-neutral form.

52. In response to Mrs. Palme's concerns about refugees, she said that problems had been encountered because of a large number of arrivals in 1996 and 1997, for which the country had been unprepared. All applicants for refugee status were entitled to the same social welfare benefits, health services and education facilities as Irish citizens while their cases were being processed. About 4,000 asylum applications were currently pending.

53. The Refugee Bill had been enacted, but not all its sections had yet been implemented because of a court challenge to the proposal to appoint an independent commissioner to hear appeals. In the light of that delay, the Government had taken administrative measures to accelerate the examination process. The matter was also to be discussed at the NGO forum on human rights to be held in March 1998. There was also a Refugee Care Programme managed by the Irish Refugee Agency, a body funded by the Department of Foreign Affairs.

54. Section 8 (5) of the Refugee Act, 1996, set out procedures to safeguard unaccompanied children who arrived in Ireland, whether or not they were refugees. The relevant Health Board was notified so that assistance could be given under the provisions of the Child Care Act, 1991. Every child who entered Ireland received the same care and services as an Irish child. It was

for the Health Board to decide whether the child ought to apply for refugee status, and to appoint a person to make an application on his or her behalf. That section of the Act was not yet in force, but the Government sought to apply its principles wherever possible.

55. The Minister of State with responsibility for child care had announced, as previously explained, that he considered the establishment of a social services inspectorate to be a higher priority than the introduction of a post of a children's ombudsman, but the principle of an ombudsman had not been ruled out. The inspectorate had not yet been established; it was planned that it would form part of the Department of Health. No problem should arise with regard to its independence, as it was intended that its members would consist of persons of high repute in their profession. The Inspector of Mental Hospitals, who was also based in the Department of Health and issued extremely critical reports from time to time, had served as a model in that regard.

56. Ms. BARRINGTON (Ireland) said that children had excellent access to health services in Ireland. Every resident was entitled to hospital care without charge or at a minimal charge; every woman was entitled to free maternity and infant care; and all children were entitled to free care for infectious diseases and to residential and day-care services for the disabled. In addition, about one third of the population, those with the lowest incomes, were entitled to free general-practitioner and community pharmaceutical services.

57. Waiting lists existed for some highly specialized acute hospital services, such as open-heart surgery and specialized ear, nose and throat treatment. No child needing emergency treatment was ever placed on a waiting list, and, if necessary, arrangements would be made for specialized emergency treatment abroad. The current aim was that no child should have to wait more than six months for any recommended hospital procedure. In 1998, £Ir 12 million was being provided to reduce waiting lists for adults and children - a 50 per cent increase on the 1997 amount.

58. There was a significant shortage of residential and day places for people with intellectual disabilities. Most of those affected were persons who had grown to adulthood and whose elderly parents were no longer able to provide them with support. Some 2,172 additional residential, day or respite places would be needed by 2001. The Minister of Health had recently announced a four-year £Ir 30 million programme to provide those additional places. A similar commitment existed to address the needs of children with physical disabilities.

59. On the rights of fathers, the natural father of a non-marital child could be registered under current statutory registration procedures. Registration of the natural father's name was not compulsory nor, indeed, feasible since the mother might be uncertain of the child's paternity or unwilling to disclose it. Ireland was in compliance with the requirements of article 7 of the Convention regarding registration.

60. Under section 11 (d) of the Children Act, 1997, the court must consider in all cases involving children whether the child's interests would best be

served by maintaining direct contact and personal relations with both parents. The Family Courts traditionally took the view that, in cases of marital breakdown, contact with both parents should be maintained.

61. In 1997, the Minister of Health had published a Plan for Women's Health containing a section devoted to breastfeeding. It had emerged that breastfeeding posed a cultural problem, being viewed as a primitive method of feeding. Advisers had emphasized the importance of encouraging women to consider breastfeeding early on in pregnancy, and of the provision of support by nurses and midwives and had challenged the maternity units' practice of providing artificial milk free of charge. A National Breastfeeding Plan, launched in 1994, provided a framework within which to encourage women to breastfeed babies.

62. Mr. MURRAY (Ireland), responding to questions about sex tourism, said that two private member's bills dealing with the matter had been amalgamated, and the resultant Act had become law a little over a year previously. The penalty provided for organizing sex tourism was up to five years' imprisonment.

63. The debate on the Children Bill had been interrupted by the general election, but advantage had been taken of the delay to improve the bill further. A number of proposed amendments were currently being finalized, and the debate was due to resume shortly. For example, it seemed likely that the family conference procedure would be included.

64. The purpose of the Diversion Programme, referred to in paragraph 548 of the report, was to ensure that most children coming into conflict with the law were not criminalized. It consisted of formal and informal cautions and supervision by a trained Juvenile Liaison Officer.

65. The current situation was that the President of the District Court appointed district-court judges to sit on the Children's Court. In future, under the Children Bill, the President of the Court would designate specific judges to deal with children's issues in the Dublin area, and peripatetic judges for the provinces.

66. A new Child Trafficking and Child Pornography Bill had recently been published and should become law in the near future. It specified penalties of life imprisonment for trafficking in children across international borders for purposes of sexual exploitation and of up to 10 years' imprisonment for lesser offences, including the dissemination of child pornography on the Internet. A working group was looking into ways of dealing with the problem of harmful material entering the country via the Internet.

67. Irish legislation did not distinguish between children and adults soliciting publicly for prostitution purposes. The offence could be committed by the prostitute, the client or a third party, and the penalty imposed was not very severe. However, a person soliciting a child would be liable to the far more severe penalties provided under the legislation relating to children. The decision had recently been taken to open a paedophile register. That issue would be included in a forthcoming discussion paper, as would the question of post-release supervision of convicted paedophiles.

68. Mr. KILROY (Ireland) said that the Education Bill had been the product of a long consultation process. Under the Bill, formal guidelines for suspensions would be put in place. The Bill also contained an arrangement for hearing appeals against suspensions and expulsions in an informal setting.

69. The suggestion that Traveller children were segregated was long outdated. The current practice was to allocate resource teachers to provide support in a fully integrated setting, but to allow for their withdrawal if special intensive tuition was required.

70. The issues relating to pre-school education would be addressed at the forum on early childhood education, provisionally scheduled for April 1998. There were more than 100 primary schools in rural areas that had only between 20 and 40 pupils. Provision existed for additional staffing where multi-class situations arose. The Home/School Community Liaison Scheme and the disadvantaged area funds would continue to be developed as central planks of attempts to address educational disadvantage. As to the situation in Killarney, where two teachers had refused to participate in the delivery of the Relationships and Sexuality Programme, he was unable to comment for fear of prejudicing the outcome of the ongoing consultations.

71. There were 567 guidance counsellors in the second-level education system. The Department of Education provided funding to facilitate physical access by disabled pupils, and the allocation for special equipment for the disabled had been increased by 50 per cent in 1997, enabling all applications for such equipment to be met.

72. Relatively few pupils received private primary education; delivery of the service was, however, subject to supervision by the Department's Inspectorate. The Department also extended special needs services to children in the private education system.

73. Ms. O'DONNELL (Ireland) said she had noted the suggestion that a specific programme on the Convention should be included in the celebrations marking the fiftieth anniversary of the Universal Declaration of Human Rights.

74. The question had been asked whether any studies had been carried out on the impact of the conflict in Northern Ireland on the children in border areas. She had requested information in that regard from the Anglo-Irish Section of her Department, but was able to affirm that a great deal of research had been done in Northern Ireland on the impact of the violence on victims and their relatives, and that the rights of victims were a major concern in the current process of brokering a settlement.

75. The Eastern Health Board had approved concrete measures to implement the main recommendations of the report of its Working Group on Child Prostitution, which concerned the provision of a sufficient number of quality placements that children could readily access and of specific services that were accessible and flexible. The law made no distinction of gender in relation to the criminalization of prostitution.

76. Ms. BARRINGTON (Ireland) said that children under the age of 16 could receive counselling without parental involvement from many sources, including

school counsellors and doctors. More should, perhaps, be done to alert them to the existence of those sources. Doctors were sometimes placed in a difficult situation since they were liable to be sued, on the one hand, for treating a child against the parents' wishes and, on the other, for disclosing confidential medical information. A countrywide network of family-planning clinics provided information and counselling to children regarding contraception and other sexual matters and condoms were freely available. The Irish Society for the Prevention of Cruelty to Children (ISPCC) operated a child-help line which provided children with information or directed them to the appropriate sources.

77. Mrs. SARDENBERG stressed the importance of training the professionals who provided counselling in the rights of the child. She also suggested that the Convention should be published in a format that would appeal to and be easily understood by children.

78. Ms. BARRINGTON said that a very small number of children in Ireland had contracted AIDS. They were primarily the children of drug abusers and received particularly intensive support. No distinction was made in terms of the schools and health-care centres they attended.

79. The CHAIRPERSON invited the members of the Committee to make preliminary concluding observations on the initial report of Ireland.

80. Mrs. SARDENBERG said she had the impression that, despite significant progress in many areas, there was a lack of real commitment by the Irish Government to the rights-based approach to the implementation of the Convention. There was a tendency to think solely in terms of emergencies and intervention and to ignore the fact that problems such as sexual exploitation and poverty were also a violation of children's rights. Children should be placed at the centre of the Government's plans for development instead of remaining invisible within the family. A more integrated approach to the institutional situation would ensure greater coherence of policy and action and speedier implementation of the recommendations of the Constitutional Review Group.

81. It was important to adopt a rights approach in any review of the educational process and to focus on the general principles of non-discrimination, participation and the best interests of the child. The problem of funding for the children's rights publicity campaign had not been fully solved, and she recommended that the authorities should establish machinery to formalize the dialogue with NGOs.

82. Mr. FULCI said that Ireland was to be commended on its pioneering legislation on the sexual exploitation of children. He had been somewhat shocked, however, to hear that the penalty for some offences was life imprisonment.

83. The authorities should reconsider the current constitutional situation with regard to the incorporation of international treaties in domestic legislation. The existing procedure seemed to be time-consuming and to require a great deal of new legislation and coordination.

84. Mrs. MOKHUANE, having expressed appreciation of the delegation's constructive and non-defensive approach to its dialogue with the Committee, said that she endorsed the remarks made concerning the need for a rights-based approach to the implementation of the Convention, a greater publicity effort, more consultation of the children themselves, and training facilities for professionals and others with responsibility for children. The potential of the NGO community was not fully realized and it should be more fully involved in the development and implementation of the national strategy for children.

85. She recommended that more emphasis be placed on the best interests of the child in the appropriation of resources, the formulation of policy and the enactment of legislation. All constitutional obstacles that impeded implementation of the Convention should be removed. More government funding was needed to provide children of lower socio-economic status with access to arts and music facilities and priority should be given to a programme for the eradication of child poverty.

86. There had been insufficient information reported on recreational facilities, playgrounds, access to holiday programmes, etc. The child's right to play should be facilitated by the formulation of a national strategy in that area.

87. More recent disaggregated data was needed on issues such as child abuse, social security, AIDS, adoption and substance abuse.

88. Mrs. KARP said that full implementation of the Convention in Ireland required a change from a patronizing to a rights-oriented attitude and a better understanding of the holistic nature of the Convention and of the indivisibility and interdependence of children's rights so that issues were no longer compartmentalized. The best interests of the child should be a key principle, for example in regard to the age of criminal responsibility and the mandatory reporting of child abuse. The authorities should respond more urgently to the recommendations of reports and research and there should be greater emphasis on monitoring, coordination and evaluation. Legislation governing adolescent health should ensure that doctors did not risk prosecution for giving medical advice and a campaign for alternative measures to corporal punishment should be launched.

89. Victims of sexual exploitation and prostitution should not be viewed as offenders or stigmatized even when they solicited custom. Provision should be made for their rehabilitation.

90. Mrs. PALME said that the frenetic activity of recent years in Ireland would, no doubt, be replaced in due course by a more constructive and goal-oriented child policy. If breastfeeding was a cultural problem, it would be very easy and inexpensive to change attitudes within a few years. Other cultural problems would be more difficult to address, particularly attitudes to corporal punishment. Spanking was rarely based on rational considerations but was usually resorted to when people were under stress. In particular, there seemed to be a relationship between unemployment-related stress and corporal punishment and other forms of violence in the family.

91. With regard to the argument that raising the age of criminal responsibility to 12 years would prove too costly, she found it hard to believe that it was more expensive to deal with children's problems in a social rather than a criminal context.

92. Ms. O'DONNELL (Ireland) said that the Committee's comments and recommendations would be very useful in her Government's continuing efforts to implement the Convention. In response to recent revelations of the extent of child abuse and neglect, the authorities had, as a matter of urgency, adopted a welfare-based approach because the general public had demanded that machinery to implement the Child Care Act be put in place as swiftly as possible. Many services had thus been developed on an issue-by-issue basis. She had taken careful note of the Committee's recommendations regarding the need to adopt a more holistic and rights-based approach.

93. The Government had not rejected the principle of an ombudsman for children. It was first committed, however, to the establishment of the social services inspectorate. It was also committed to extending the remit of the Minister of State at the Department of Health and Children to include child care functions in the Department of Education and Science and the Department of Justice, Equality and Law Reform. The issue of the overall coordination of policies affecting children would be given careful attention in the next phase of implementation of the Convention.

94. While the situation with regard to child poverty was not as bleak as some questions by the Committee appeared to suggest, she agreed that action must be taken in a period of economic prosperity to ensure that marginalized sectors were not neglected. The Anti-Poverty Strategy placed the needs of the poor and socially excluded at the top of the agenda and addressed related problems of educational disadvantage.

95. She had taken note of the Committee's concern regarding chastisement and would report it to the relevant authorities.

96. The Children Act, 1997, the Education Bill, 1997, and the Child Care Act, 1991, contained specific measures to ensure that the views of children were taken into account and she assured the Committee that provision for consultation would be included in future legislative and other developments.

97. The age of criminal responsibility would be increased to 10 years as soon as the Children's Bill was enacted and a further increase to 12 years would be effected as soon as possible. Children over the age of criminal responsibility who came into conflict with the law were not automatically criminalized. In many cases no action was taken and the majority were admitted to the Diversion Programme. Those convicted in the courts were referred to young offender schools, which did not impose a punitive regime but sought to rehabilitate children and reintegrate them into society.

98. The court system was the only means whereby children could be removed from their parents or guardian.

99. The national publicity campaign on the Convention which was being organized by the Children's Rights Alliance would contribute significantly to the dissemination of knowledge concerning the Convention.

100. The Irish Constitution was an organic legal document which had been a powerful basis for the identification and assertion of fundamental rights and of previously unrecognized rights. The interpretation of the fundamental rights provisions, both specified and unspecified, reflected recent changes in social attitudes and concepts of justice. Apart from the unenumerated personal rights of the child constitutionally protected by article 40.3.1, children shared the general constitutional rights with adults. Ireland had ratified the Convention in September 1992 on the basis of its compatibility with the Constitution, and the recommendation by the Constitutional Review Group that individual children's rights should be specified was merely a precautionary measure. Ultimately, all the principles set forth in the Convention would be fully enshrined in domestic law.

101. She intended to propose that a debate should be held in Dáil Éireann on the next stage of implementation of the Convention. There would be rapid follow-up action by government Departments on the Committee's recommendations, and NGOs would be fully consulted and involved.

102. Ireland had undergone unprecedented economic and social changes in the previous decade and there had been a fundamental questioning of every aspect of society. Openness, transparency and accountability were demanded of all institutions and persons in authority. People were more concerned about the exercise of their rights and less tolerant of policies that depended on discretion and charity. Children were clearly benefiting from the change. They were not afraid to question and express their views and were very far from being invisible.

103. The CHAIRPERSON thanked the delegation and informed it that the Committee would formulate its concluding observations on Ireland's initial report later in the session.

The meeting rose at 1.25 p.m.